

## CLAIMS ONLY

Application Number

10/766430

Filing Date

**Applicant(s)**

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT	
	Indep	Depend	Indep	Depend	Indep	Depend
1					/	/
2						/
3						/
4						/
5						/
6						/
7						/
8						/
9						/
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41						/
42						/
43						/
44						/
45						/
46						/
47						/
48						/
49						/
50						/
Total Indep						
Total Depend						
Total Claims						

\* May be used for additional claims or amendments

	Indep	Depend	Indep	Depend	Indep	Depend
51						
52						
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Total Depend						
Total Claims						